

# Bay Island Early Learning & Care

Annual update of Enrolment

Next Revision December 2017

## PARENT AND CONTACT DETAILS

ENR.00L

All information is required IN FULL by regulatory Bodies and Bay Island Early Learning & Care.

Please PRINT IN BLOCK LETTERS clearly and complete ALL sections

Family Name:

### PHONE NUMBERS

Mobiles / HOME WORK

### HOME DETAILS

Email Address

Address

### WORK DETAILS

Address

Occupation

### CUSTODY INFORMATION

Details of any court orders, parenting orders or parenting plans provided to Bay Island Early Learning & Care relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child and other court orders.

Person named in court order, parenting plan or other order Documents attached YES NO

### Others Authorised to collect Child/Children

late fees incurred if you are not able to pick up your child by close of business.

Bay Island Early Learning & Care Polices preclude persons under the age of 16yrs from collecting children from the service.

### CONTACT 1

Full Name Relationship to Child/ren

Address

Mobile Number Home number Work Number

### AUTHORITIES FOR CONTACT 1 INCLUDE

- Yes  No Can drop off and collect Child/ren
- Yes  No Contact in emergency if I can not be immediately contacted
- Yes  No Give consent to medical treatment
- Yes  No Authorise administration of medication
- Yes  No Authorise staff to take the child outside of the service. (E.g.: Excursions)

### CONTACT 2

Full Name Relationship to Child/ren

Address

Mobile Number Home number Work Number

### AUTHORITIES FOR CONTACT 2 INCLUDE

- Yes  No Can drop off and collect Child/ren
- Yes  No Contact in emergency if I can not be immediately contacted
- Yes  No Give consent to medical treatment
- Yes  No Authorise administration of medication
- Yes  No Authorise staff to take the child outside of the service. (E.g.: Excursions)

### CONTACT 3

Full Name Relationship to Child/ren

Address

Mobile Number Home number Work Number

### AUTHORITIES FOR CONTACT 3 INCLUDE

- Yes  No Can drop off and collect Child/ren
- Yes  No Contact in emergency if I can not be immediately contacted
- Yes  No Give consent to medical treatment
- Yes  No Authorise administration of medication
- Yes  No Authorise staff to take the child outside of the service. (E.g.: Excursions)

**CONTACT 4**

Full Name Relationship to Child/ren

Address

Mobile Number Home number Work Number

**AUTHORITIES FOR CONTACT 4 INCLUDE**

- Yes  No Can drop off and collect Child/ren
- Yes  No Contact in emergency if I can not be immediately contacted
- Yes  No Give consent to medical treatment
- Yes  No Authorise administration of medication
- Yes  No Authorise staff to take the child outside of the service. (E.g.: Excursions)

**CHILD DETAILS**

CHILD details Name:

Details of childs allergies or health needs

Please indicate any special Dietary requirements your child may have.

Other information

Parent/Caregiver Name

Signature

Date